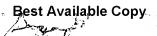


02-17-1999

U.S. Patent & TMOfc/TM Mail Rcpt Dt. #58

APPLICATION NUMBER



FILING/RECEIPT DATE



UNITED STATES DEPARTMENT OF COMMERCE Patent and Trademark Office Address: COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

FIRST NAMED APPLICANT ATTORNEY DOCKET NO /TITI

MAKUCH

BENJAMIN C HUANG. BROBECK PHLEGER & HARRISON 301 CONGRESS AVENUE SUITE 1200 AUSTIN TX 78701,

0232/03 FEB 17 1999

NOT ASSIGNED

2756

DATE MAILED:

01/12/99

NOTICE TO FILE MISSING PARTS OF APPLICATION

	45	Filing Date Granted.
	is give aband 1.136(entity	plication Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant on TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay fees required below to avoid longer. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR (a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$65.00 for a small in compliance with 37 CFR 1.27, or \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE
	to avo	oid abandonment.
1 de 21/11	If all i	required items on this form are filed within the period set aboye, the total amount owed by applicant as a
	∏ sm	all entity (statement filed) \square non-small entity is $\$$ /, \bigcirc / \bigcirc
1 *		. The statutory basic filing fee is:
		Simissing.
4.55		
		Applicant must submit \$ /6 to complete the basic filing fee and/or file a small entity statement claiming
1		such status (37 CFR 1.27).
	` 2.	Additional claim fees of \$ / D \(\text{\sqrt{p}} \), including any multiple dependent claim fees, are required.
	.0	\$ 156 for 2 independent claims over 3.
3	a	\$for dependent claims over 20.
3		\$ for multiple dependent claim surcharge.
*		Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.
	No.	The oath or declaration:
	بد ت	is missing or unexecuted.
		does not cover the newly submitted items.
		does not identify the application to which it applies.
		does not include the city and state or foreign country of applicant's residence.
W .		An oath or declaration in compliance with 37 CFR 1. 63, including residence information and identifying the application by
	F	the above Application Number and Filing Date is required.
	□ 4.	The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42,
1	2	1.43 or 1.47
) " < 120 30	A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above
2.0		Application Number and Filing Date, is required.
	☐ 5 .	The signature of the following joint inventor(s) is missing from the oath or declaration:
The state of	new S	
a		An eath of declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the orgitted
X.		inventot(s), identifying this application by the above Application Number and Filing Date, is required.
	11 6	A \$50 00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).
		Your filing receipt was matted in error because your check was returned without payment.
-		The application does not comply with the Seguence Rules.
		See attached "Notice to Comply with Gequence Rules 37 CFR 1.821-1.825."
		OTHER
	ь Lat. 9.	PIREH:
, , `.;∗.' •,	Direct	the reply and any questions about this notice to "Attention: Box Missing Parts."

		/ / A copy of this notice MUST be returned with the reply.
74.1	- 1	Will to 1 to 1
	_//	MANIA XULLIA
19		mer Service Center
	Initial	Patient Examination Division (703) 308-1202